

HICKS ORTHODONTICS SPONSORSHIP APPLICATION

Date _____

Patient Name _____ Phone # _____

Patient Address _____

Patient Treatment Status _____

Organization _____

Type of Ad available? _____ Program _____ Sign _____ Other

Cost & Size of Ad _____

Due Date _____

Check Payable to: _____

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Comments:

Attach any pertinent information to this form and either fax it to 865-777-5701
or mail it to:

Hicks Orthodontics
Attn: Advertising Department
11221 West Point Drive
Knoxville, TN 37934